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**** CONTINUING DATA *******

This application is a CON of 08/425,543 04/20/1995 ABN
 which is a CIP of 08/300,620 09/02/1994 PAT 5,531,022
 which is a DIV of 07/963,346 10/19/1992 PAT 5,371,654

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 01/29/1997

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 43	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

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TITLE

HIGH DENSITY INTEGRAL TEST PROBE

FILING FEE RECEIVED 3460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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